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DATE: May 18, 2001

RECIPIENT INFORMATION		SENDER INFORMATION		
To: Examiner P. Wingood/U.S.PTO Voice Tel. No.:		From:	Dawn M. Gardner, Reg. No. 44,118 703-836-6620	
		Voice Tel. No.:		
Fax Tel. No.:	703-308-0758	Sent By:	Jamyn Ebeling	
Your Ref.:	U.S. Serial No. 09/486,394	Our Ref.:	032929-001	
		Total Pages (Incl	. Cover Page):	

RE:

MESSAGE:

FAXED COPY RECEIVED

MAY 1 8 2001

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Patent Attorney's Docket No. <u>032929-001</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

în re Paten	t Application of)			
HOPFL et	al.) Group Art Unit: 3736			
Application No.: 09/486,394) Examiner: P. Wingood			
Filed: June 20, 2000)) > THA BACCINGS E TO BYANGED			
For: DIAGNOSTIC KIT FOR SKIN TESTS, AND METHOD) VIA FACSIMILE TO EXAMINER) (703)308-0758)			
		,)			
	SUPPLEMENTAL AMENDMEN	IT TRANSMITTAL LETTER			
	Commissioner for Patents n, D.C. 20231				
Sir:					
Enclo	sed is a Supplemental Amendment for the	e above-identified patent application.			
[X]	[X] A Petition for Extension of Time is also enclosed.				
[]	[] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.				
[]	Also enclosed is				
[]] Small entity status is hereby claimed.				
[]	[] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).				
	[] Applicant(s) previously submitted _ requested.	_, on, for which continued examination is			
[]	[] Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.				
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.				
[]	No additional claim fee is required.				

(03/01)





Amendment/Reply Transmittal Letter Application No. 09/486,394 Attorney's Docket No. 032929-001 Page 2

An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	Highest No. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	23	MINUS 20 =	3	× \$18.00 (103) =	\$54.00
Independent Claims	8	MINUS 3 =	5	× \$80.00 (102) =	\$400.00
If Amendment adds mu	ltiple depend	ent claims, add \$270	0.00 (104)		
Total Amendment Fee					\$454.00
If small entity status is	claimed, sub	ract 50% of Total A	mendment Fe	ee	
TOTAL ADDITIONA					\$454.00

ſ	A claim fee	in the amount of \$	is enclosed.
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[X] Charge \$ 454.00 to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Dawn M. Gardner

Registration No. 44,118

P.O. Box 1404 Alexandria, Virginia 22313-1404

(703) 836-6620

Date: May 18, 2001

I hereby certify that this correspondence is being sent No Transmission to the Assistant Conten Fashington, D.C. 20231

(03/01)